

**HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, ASB Tower Suite 970
Honolulu, Hawaii 96813
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Telephone: 587-0460 Fax: 587-0470
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GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: Michael Moscati

STATE POSITION: Office Manager

STATE AGENCY: House of Representatives

STATE TEL. NO.: 586-6208

STATE MAILING ADDRESS: State Capitol, Rm. 434
415 South Beretania St.
Honolulu, HI 96813

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	NONE		NONE		N/A		\$0.00		\$0.00

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	NONE		NONE		N/A		\$0.00		\$0.00
			'06 MAY 15 A11 :28						
			STATE OF HAWAII STATE ETHICS COMMISSION						

____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE

DATE